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24498 7590 05/27/2008  
**Joseph J. Laks**  
**Thomson Licensing LLC**  
**2 Independence Way, Patent Operations**  
**PO Box 5312**  
**PRINCETON, NJ 08543**



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**Kathleen Lyles** (Depositor's name)  
*Kathleen Lyles* (Signature)  
**August 26, 2008** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/574,672	03/31/2006	Michael Meitzner	PD030107	8967

TITLE OF INVENTION: SWITCHED-MODE POWER SUPPLY COMPRISING AN ADJUSTABLE OSCILLATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/27/2008

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, BAO Q	2838	363-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Joseph J. Laks  
 2. Robert D. Shedd  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THOMSON LICENSING

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*R. Shedd*

Date

8/26/08Typed or printed name Robert D. SheddRegistration No. 36,269

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Boulogne-Billancourt, FRANCE

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*R. Shedd*

Date

8/26/08

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